	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**834 Enrollment - 4010X095A1 HIPAA Implementation Guide**															**TennCare Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
3	ISA01	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Authorization Information Qualifier		00, 03	00: No Authorization information Present (No meaningful Information in I02). 03: Additional Data Identification.	00	Preferred value is 00
4	ISA02	R	10	10	AN	R	1		INTERCHANGE CONTROL HEADER			Authorization Information					EDI fills with spaces for the outbound if data not present.
5	ISA03	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Security Information Qualifier		00, 01	00: No Security Information Present (No Meaningful Information in I04) 01: Password.	00	Preferred value is 00
6	ISA04	R	10	10	AN	R	1		INTERCHANGE CONTROL HEADER			Security Information					EDI fills with spaces for the outbound if data not present.
7	ISA05	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ	ZZ: Mutually Defined.		Preferred value is ZZ
8	ISA06	R	15	15	AN	R	1		INTERCHANGE CONTROL HEADER			Interchange Sender ID					This value will be the Sender Trading Partner ID for Inbound Transactions. It will be TennCare's ID 626001445TC for Outbound Transactions.
9	ISA07	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ	ZZ: Mutually Defined.		Preferred value is ZZ
10	ISA08	R	15	15	AN	R	1		INTERCHANGE CONTROL HEADER			Interchange Receiver ID					It will be TennCare's ID 626001445TC for Inbound Transactions. This value will be the Sender Trading Partner ID for Outbound Transactions.
11	ISA09	R	6	6	DT	R	1		INTERCHANGE CONTROL HEADER			Interchange Date		Format: YYMMDD			System generated.
12	ISA10	R	4	4	TM	R	1		INTERCHANGE CONTROL HEADER			Interchange Time		Format: HHMM			
13	ISA11	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Standards ID		U			
14	ISA12	R	5	5	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Version Number		00401			
15	ISA13	R	9	9	N0	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Number					System generated.
16	ISA14	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Acknowledgment Requested		0, 1	0: No Acknowledgment Requested. 1: Interchange Acknowledgement Requested.	1	997 acknowledgments on 834 transactions are required.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1									**834 Enrollment - 4010X095A1 HIPAA Implementation Guide**							**TennCare Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
17	ISA15	R	1	1	ID	R		1	INTERCHANGE CONTROL HEADER			Usage Indicator		P, T	P - Production, T - Test.		Use T for Test Transactions and P for Production Transactions.
18	ISA16	R	1	1		R		1	INTERCHANGE CONTROL HEADER			Component Element Separator					semi-colon ";"
19	GS01	R	2	2	ID	R		1	FUNCTIONAL GROUP HEADER			Functional Identifier Code		BE	BE: Benefit Enrollment and Maintenance (834).		
20	GS02	R	2	15	AN	R		1	FUNCTIONAL GROUP HEADER			Application Sender's Code					Same as ISA06
21	GS03	R	2	15	AN	R		1	FUNCTIONAL GROUP HEADER			Application Receiver's Code					Same as ISA08
22	GS04	R	8	8	DT	R		1	FUNCTIONAL GROUP HEADER			Date		Format: CCYYMMDD			
23	GS05	R	4	8	TM	R		1	FUNCTIONAL GROUP HEADER			Time					
24	GS06	R	1	9	N0	R		1	FUNCTIONAL GROUP HEADER			Group Control Number					
25	GS07	R	1	2	ID	R		1	FUNCTIONAL GROUP HEADER			Responsible Agency Code		X	X: Accredited Standards Committeee X12.		
26	GS08	R	1	12	AN	R		1	FUNCTIONAL GROUP HEADER			Version/Release/ Industry ID Code		004010X095 A1	HIPAA 4010 + Addenda A1.		
27	ST01	R	3	3	ID	R	1		TRANSACTION SET HEADER			Transaction Set Identifier Code		834	Segment TRANSACTION SET HEADER 834: Menefit Enrollment and Maintenance.		
28	BGN01	R	2	2	ID	R	1					Transaction Set Purpose Code		00,15,22	00 - first time sent 15 - re-submission 22 - information copy	00, 22	15 is not used. 22 is used for TennCare full files. If there is a failure in the transmission, the file is not regenerated. A backup of the file is sent; therefore 00 applies. BNG08, HD01 and DTP01 will be the same for both daily and on-request full file transactions.
29	BGN02	R	1	30	AN	R	1					Reference Identification	Transaction Set Identifier Code		Use this to uniquely identify this occurance of the transaction for future reference.		System generates this sequential number starting with one and incrementes by one each time.
30	BGN03	R	8	8	DT	R	1					Date	Transaction Set Creation Date	CCYYMMDD	The date file was created by submitter.		Set to current system date in format CCYYMMDD

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1							**834 Enrollment - 4010X095A1 HIPAA Implementation Guide**									**TennCare Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
31	BGN04	R	4	8	TM	R	1					Time	Transaction Set Creation Time	HHMM HHMMSS HHMMSSD HHMMSSDD where HH (00-23) and D=tenths of seconds and DD=hundreths of seconds.	The time file was created by submitter.		Set to current system time in format HHMM
32	BGN05	S	2	2	ID	R	1					Time Code	Time Zone Code	01-24, AD, AS, AT, CD, CS, CT, ED, ES, ET, GM, HD, HS, HT, LT, MD, MS, MT, ND, NS, NT, PD, PS, PT, TD, TS, TT, UT	CT - Central Time ET - Eeastern Time	CT	Value being auto plugged by translation map.
33	BGN06	S	1	30	AN	R	1					Reference Identification	Transaction Set Identifier Code		If BGN01is 15 or 22, then BGN06 should be used to cross reference to the previously sent transaction		System generates this sequential number starting with one and incrementes by one each time. During retransmit, the BGN06 shouldn't change as the backup of the file is transmitted.
34	BGN08	R	1	2	ID	R	1					Action Code		2, 4	2=Change/Update; 4=Verify (full enrollment transaction that verifies sponsor's and payer's systems are synchronized.)	2	TennCare uses 2 at all times since a TennCare full file contains full history and is therefore technically not considered an audit file.
35	REF01	R	2	3	AN	S	1					Reference Identification Qualifier	Master Policy Number	38		38	
36	REF02	R	1	30	AN	S	1					Reference Identification	Master Policy Number				MCC ID - MCO #, BHO #, "DBM", or "PBM".
37	DTP01	R	3	3	ID	S	>1					Date/Time Qualifier		007, 303, 382, 388	Segment FILE EFFECTIVE DATE 007 - effective, 303 - maintenance effective 382 - enrollment 388 - payment commencement	007	
38	DTP02	R	2	3	ID	S	>1					Date Time Period Format Qualifier		D8	D8 indicates CCYYMMDD format		
39	DTP03	R	1	35	AN	S	>1					Date Time Period					
40	N101	R	2	3	ID	R	1	1000A	SPONSOR NAME	1		Entity Identifier Code		P5	Segment SPONSOR NAME P5 - Sponsor	P5	
41	N102	S	1	60	AN	R	1	1000A	SPONSOR NAME	1		Name	Plan Sponsor Name		This element may be used at the sender's discretion.	TENNCARE	"TENNCARE"

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**834 Enrollment - 4010X095A1 HIPAA Implementation Guide**															**TennCare Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
42	N103	R	1	2	ID	R	1	1000A	SPONSOR NAME	1		Identification Code Qualifier		FI, ZZ	FI - Federal tax id. ZZ - HIPAA employer id.	FI	
43	N104	R	2	80	AN	R	1	1000A	SPONSOR NAME	1		Identification Code	Sponsor Identifier			62-60 01445	62-6001445 is TennCare's tax ID.
44	N101	R	2	3	ID	R	1	1000B	PAYER	1		Entity Identifier Code		IN	Segment PAYER NAME IN = insurer.	IN	
45	N102	S	1	60	AN	R	1	1000B	PAYER	1		Name	Insurer name		This element may be used at the sender's discretion.		MCO, BHO, PBM, DBM name followed by " - " and MCC ID.
46	N103	R	1	2	ID	R	1	1000B	PAYER	1		Identification Code Qualifier		FI, XV	XV must be used if the National PlanID is mandated for use.	FI	
47	N104	R	2	80	AN	R	1	1000B	PAYER	1		Identification Code	Insurer Identification Code				MCO/BHO/PBM/DBM tax id.
48	INS01	R	1	1	ID	R	1	2000	MEMBER LEVEL DETAIL	>1		Yes/No Condition or Response Code	Insured Indicator; Subcriber Indicator	Y N	No more than 10000 INS segments can occur in a single 834 transaction. Multiple transactions within a single interchange can be used,	Y	
49	INS02	R	2	2	ID	R	1	2000	MEMBER LEVEL DETAIL	>1		Individual Relationship Code		01,03,04,05,06,07,08,09,10,11,12,13,14,15,17,18,19,23,24,25,26,31,32,33,38,48,49,53	The value should be 18 (self) for the subscriber. See HIPAA guide for meanings of other values.	18	
50	INS03	R	3	3	ID	R	1	2000	MEMBER LEVEL DETAIL	>1		Maintenance Type Code		001 021 024 025 030	001 - Change, 021 - Addition, 024 - Cancellation or Termination, 025 - Reinstatement, 030 - audit or compare, Use 030 when sending a full roster to verify databases are synchronzied.	001, 024	001 indicates a change 024 indicates termination TennCare full (audit) files are indicated by BGN01 = 22 to avoid compliance errors at the HD (detail) level.
51	INS04	S	2	3	ID	R	1	2000	MEMBER LEVEL DETAIL	>1		Maintenance Reason Code		01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 14, 15, 16, 17, 18, 20, 21, 22, 25, 26, 27, 28, 29, 31, 32, 33, 37, 38, 39, 40, 41, 43, AI, XN, XT	Recommended to send. See HIPAA guide for meanings of values	03, 07, 25, 29	29 is the normal value for changes. 25 is used when 2100B is present. 03 is used for death notification. 07 indicates benefit termination.
52	INS05	R	1	1	ID	R	1	2000	MEMBER LEVEL DETAIL	>1		Benefit Status Code		A,C,S,T	A (active) C (COBRA) S (surviving insured) T (TERFA)	A	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1		**834 Enrollment - 4010X095A1 HIPAA Implementation Guide**														**TennCare Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
53	INS06	S	1	1	ID	R	1	2000	MEMBER LEVEL DETAIL	>1		Medicare Plan Code		A,B,C,D,E	Required if member is being enrolled or dienrolled in Medicare, is currently enrolled in Medicare, or has terminiated or changed their Medicare enrollment. A - Medicare Part A, B - Medicare Part B, C - Both A and B, D - Unknown, E - No Medicare.	A B C E	
54	INS08	S	2	2	ID	R	1	2000	MEMBER LEVEL DETAIL	>1		Employment Status Code		FT,PT,TE	Required for the subscriber. If this enrollment is through a non-employment based program such as Medicaid, then this data element contains the status of the subcriber in that program, rather than their employment status. FT - full-time, PT - part time, TE - terminated.	FT, TE	This element is required if INS01 = Y.
55	INS10	S	1	1	ID	R	1	2000	MEMBER LEVEL DETAIL	>1		Yes/No Condition or Response Code	Handicap Indicator	Y,N	Required if member is handicapped or to correct previous report of handicapped status		Currently, cannot determine. The application for enrollment asks the future recipient whether anyone in their family is handicapped. A positive respond (optional) may not necessarily be the enrollee (self). TennCare may be able to get this from Medicaid application information given by DHS, but would need to know all possible handicap codes.
56	INS11	S	2	3	ID	R	1	2000	MEMBER LEVEL DETAIL	>1		Date Time Period Format Qualifier		D8	D8 means CCYYMMDD format.		Translation map does not send if recip_death_dte is all 0's; otherwise, autoplug to 'D8'
57	INS12	S	1	35	AN	R	1	2000	MEMBER LEVEL DETAIL	>1		Date Time Period	Insured Individual Death Date	CCYYMMDD	This does not replace the use of the termination date within the 2300 loop.		Translation map does not send if recip_death_dte is all 0's
58	REF01	R	2	3	ID	R	1	2000	MEMBER LEVEL DETAIL	>1		Reference Identification Qualifier		0F	The assignment of the subsriber number (value 0F) is designated within the insurance contract.	0F	
59	REF02	R	1	30	AN	S	1	2000	MEMBER LEVEL DETAIL	>1		Reference Identification	Subscriber Identifier				Current MID number.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1									**834 Enrollment - 4010X095A1 HIPAA Implementation Guide**							**TennCare Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
60	REF01	R	2	3	ID	S	1	2000	MEMBER LEVEL DETAIL	>1		Reference Identification Qualifier		1L	Segment MEMBER POLICY NUMBER This segment is required unless policy number is sent in REF segment, loop 2300, position 290. This segment should be used if the policy or group number applies to all coverage data (all 2300 loops) that apply for this member. The payer is responsible for making the assignment of the group or policy number. 1L (group or policy number)	1L	
61	REF02	R	1	30	AN	S	1	2000	MEMBER LEVEL DETAIL	>1		Reference Identification	Insured Group or Policy Number				Recipient SSN
62	REF01	R	2	3	ID	S	5	2000	MEMBER LEVEL DETAIL	>1		Reference Identification Qualifier		17, 23, 3H, 6O, DX, F6, Q4, ZZ	Segment MEMBER IDENTIFICATION NUMBER Used to pass further identifying information on the member. It should be used if data is available. 17 - Client Reporting Category; 23 - Client Number; 3H - Case Number; 6O - Cross Reference Number; DX - Department/Agency Number; F6 - Health Insurance Claim Number; Q4 - Prior Identification Number; ZZ - Mutually Defined.	F6	F6 - HICN is only used on outbound 834 for recipients with Medicare.
63	REF02	R	1	30	AN	S	5	2000	MEMBER LEVEL DETAIL	>1		Reference Identification	Subscriber Supplemental Identifier				HICN(Outbound 834 only)
64	DTP01	R	3	3	ID	S	20	2000	MEMBER LEVEL DETAIL	>1		Date/Time Qualifier	Date Time Qualifier	286, 296, 297, 300, 301, 303, 336, 337, 338, 339, 340, 341, 350, 351, 356, 357, 383, 393, 394, 473, 474	Segment MEMBER LEVEL DATES 356 - date at which eligibility begins (NOT the actual begin date); 357 - end of eligibility date. See HIPAA Guide for meanings of other values.	356	356 - earliest begin date.
65	DTP02	R	2	3	ID	S	20	2000	MEMBER LEVEL DETAIL	>1		Date Time Period Format Qualifier		D8	D8 indicates CCYYMMDD format.		
66	DTP03	R	1	35	AN	S	20	2000	MEMBER LEVEL DETAIL	>1		Date Time Period	Status Information Effective Date				Begin date of recipient's earliest eligibility segment

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1									834 Enrollment - 4010X095A1 HIPAA Implementation Guide							TennCare Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
67	NM101	R	2	3	ID	R	1	2100A	MEMBER NAME	1		Entity Identifer Code		74,IL	Segment MEMBER NAME Required when enrolling a new member, changing a member's demographic information, or terminating a member. 74 - correcting already enrolled identifier information, IL - new insured or subscriber, or other type of change. Use of code 74 requires sending an NM1 with code '70' in loop 2100B.	IL, 74	In the 2100 loop, the mailing address in A, C, and G are used in both inbound and outbound 834s. F is only used in inbound. 2100A - Recipient Address 2100C - Mailing Address 2100G - Billing Address 2100F - Confidential Address (MCC can send, TennCare stores it only) 2100A NM101 is 'IL' unless 2100B - contains SSN or name changes, then 2100A NM101 is '74'.
68	NM102	R	1	1	ID	R	1	2100A	MEMBER NAME	1		Entity Type Qualifier		1	1=person		
69	NM103	R	1	35	AN	R	1	2100A	MEMBER NAME	1		Name Last or Organization Name	Subscriber Last Name				
70	NM104	R	1	25	AN	R	1	2100A	MEMBER NAME	1		Name First	Subscriber First Name				
71	NM105	S	1	25	AN	R	1	2100A	MEMBER NAME	1		Name Middle	Subscriber Middle Name or Initial				
72	NM108	S	1	2	ID	R	1	2100A	MEMBER NAME	1		Identification Code Qualifier		34,ZZ	34 - Soc Sec Number, ZZ - mutually defined. When National Individual Identifier is mandated for use, then only valid value will be 'ZZ'. Federally administered programs such as Medicare or CHAMPUS may not use the social security number.	34 or ZZ	Inbound: 34 or ZZ can be used. Outbound : 34 Assigned pseudo-SSNs are handled like all other SSNs by TennCare.
73	NM109	S	2	80	AN	R	1	2100A	MEMBER NAME	1		Identification Code	Subscriber Identifier		Until the HIPAA individual identifier is available, SSN is to be sent when available and allowed under confidentiality regulations.		
74	PER01	R	2	2	ID	S	1	2100A	MEMBER NAME	1		Contact Function Code		IP	Segment MEMBER COMMUNICATIONS NUMBERS Used when contact information is provided to the sponsor about the member. IP - insured party.		
75	PER03	R	2	2	ID	S	1	2100A	MEMBER NAME	1		Communication Number Qualifier		EM,EX,FX,HP,TE,WP	EM - email EX - telephone extension FX - fax HP - home phone TE - telephone WP - work phone	TE	TennCare would like to store the telephone number.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1		**834 Enrollment - 4010X095A1 HIPAA Implementation Guide**														**TennCare Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
76	PER04	R	1	80	AN	S	1	2100A	MEMBER NAME	1		Communication Number			If US. Phone number, format AAABBBCCCC, where AAA is area code, BBB is prefix, and CCCC is the telephone number. If there is an extension, it should immediately follow the telephone number.		
77	N301	R	1	55	AN	S	1	2100A	MEMBER NAME	1		Address Information	Subscriber Address Line 1		Segment MEMBER RESIDENCE STREET ADDRESS This segment is required when enrolling and when changing member's address.		This is the Recipient Address
78	N302	S	1	55	AN	S	1	2100A	MEMBER NAME	1		Address Information Line 2	Subscriber Address Line 2				
79	N401	R	2	30	AN	S	1	2100A	MEMBER NAME	1		City Name	Subscriber City Name		Segment MEMBER RESIDENCE CITY,STATE, ZIP		
80	N402	R	2	2	ID	S	1	2100A	MEMBER NAME	1		State or Province Code	Subscriber State Code		Required when city is in US or Canada.		
81	N403	R	3	15	ID	S	1	2100A	MEMBER NAME	1		Postal Code	Subscriber Postal Zone or ZIP code				
82	N405	S	1	2	ID	S	1	2100A	MEMBER NAME	1		Location Qualifier		60,CY	60 - (area) indicates that N406 will contain an out of area indicator for this member. CY - county.	CY	
83	N406	S	1	30	AN	S	1	2100A	MEMBER NAME	1		Location Identifier	Location Identification Code		Only transmitted when required under the insurance contract between sponsor and payer and allowed by federal and state regulations.		Translator will populate the most recent county code.
84	DMG01	R	2	3	ID	S	1	2100A	MEMBER NAME	1		Date Time Period Format Qualifier		D8	Segment MEMBER DEMOGRAPHICS Segment is required when enrolling, changing demo. Info, and terminating.		
85	DMG02	R	1	35	AN	S	1	2100A	MEMBER NAME	1		Date Time Period	Member Birth Date	CCYYMMDD			
86	DMG03	R	1	1	ID	S	1	2100A	MEMBER NAME	1		Gender Code		F,M,U	Avoid U if at all possible.	F M U	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1							**834 Enrollment - 4010X095A1 HIPAA Implementation Guide**									**TennCare Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
87	DMG05	S	1	1	ID	S	1	2100A	MEMBER NAME	1		Race or Ethnicity Code		7,8,A,B,C,D,D,F,G,H,I,J,N,O,P,Z	Notice new codes were added to HIPAA guide Oct 2001. This data should only be transmitted when such transmission is required under the insurance contract between sponsor and payer and allowed by federal and state regulations. 7 - not provided, 8 - not applicable, A - asian/pacific islander, B - black, C - caucasian, D - subcontient asian american, E - other, F - asian pacific american, G - native american, H - hispanic, I - american Indian/alaskan native, J - native hawaiian, N - black non-hispanic, O - white non-hispanic, P - pacific islander, Z - mutually defined		TennCare currently sents race info to MCOs. The cross-reference for this field is available.
88	LUI01	S	1	2	ID	S	5	2100A	MEMBER NAME	1		Identification Code Qualifier		LD, LE	Segment MEMBER LANGUAGE. Transmit only when required by contract between sponsor and payer and allowed by federal and state regulations. LD - NISO, LE - ISO 639.	LE	
89	LUI02	S	2	80	AN	S	5	2100A	MEMBER NAME	1		Identification Code	Language Code				
90	NM101	R	2	3	ID	S	1	2100B	INCORRECT MEMBER NAME	1		Entity Identifer Code		70	Segment INCORRECT MEMBER NAME. This segment only used if corrected name is sent in loop 2100A or if previously sent demographics are changed(ie-NM101 in Loop 2100A will be IL, NM101 in this loop will be 70 (prior incorrect insured), and the name information in NM103, NM104, and NM105 will be identical in this loop and loop 2100A)		A 2100B loop will only be sent once on daily files. This data may be repeated in an audit (full) file.
91	NM102	R	1	1	ID	S	1	2100B	INCORRECT MEMBER NAME	1		Entity Type Qualifier		1			
92	NM103	R	1	35	AN	S	1	2100B	INCORRECT MEMBER NAME	1		Name Last or Organization Name	Prior Incorrect Insured Last Name				

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**834 Enrollment - 4010X095A1 HIPAA Implementation Guide**															**TennCare Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
93	NM104	R	1	25	AN	S	1	2100B	INCORRECT MEMBER NAME	1		Name First	Prior Incorrect Insured First Name				
94	NM105	S	1	25	AN	S	1	2100B	INCORRECT MEMBER NAME	1		Name Middle	Prior Incorrect Insured Middle Name or Initial				
95	NM108	S	1	2	ID	S	1	2100B	INCORRECT MEMBER NAME	1		Identification Code Qualifier		34, ZZ	ZZ (mutually defined) must be used if National Individual Identifier is mandated for use. 34 indicates a social security number.	34	
96	NM109	S	2	80	AN	S	1	2100B	INCORRECT MEMBER NAME	1		Identification Code	Prior Incorrect Insured Identifier		Whatever identifier was previously sent in error should be sent here to allow matching with data in receiver's system		This element is only sent if a member SSN change has occurred.
97	DMG02	R	1	35	AN	S	1	2100B	INCORRECT MEMBER NAME	1		Date Time Period	Prior Incorrect Insured Birth Date	CCYYMMDD			
98	DMG03	R	1	1	ID	S	1	2100B	INCORRECT MEMBER NAME	1		Gender Code	Prior Incorrect Insured Gender Code	F, M, U			
99	NM101	R	2	3	ID	R	1	2100C	MAILING ADDRESS	1		Entity Identifer Code		31	Postal Mailing Address		This is the Mailing Address loop.
100	NM102	R	1	1	ID	R	1	2100C	MAILING ADDRESS	1		Entity Type Qualifier		1	1=person		
101	N301	R	1	55	AN	S	1	2100C	MEMBER MAILING ADDRESS	1		Address Information	Subscriber Address Line 1		Segment MEMBER MAILING ADDRESS		This is the Mailing Address
102	N302	S	1	55	AN	S	1	2100C	MEMBER MAILING ADDRESS	1		Address Information	Subscriber Address Line 2				
103	N401	R	2	30	AN	S	1	2100C	MEMBER MAILING ADDRESS	1		City Name	Subscriber City Name		Segment MEMBER MAILING ADDRESS CITY,STATE, ZIP		
104	N402	R	2	2	ID	S	1	2100C	MEMBER MAILING ADDRESS	1		State or Province Code	Subscriber State Code		Required when city is in US or Canada.		
105	N403	R	3	15	ID	S	1	2100C	MEMBER MAILING ADDRESS	1		Postal Code	Subscriber Postal Zone or ZIP code				
106	N404	S	2	3	ID	S	1	2100C	MEMBER MAILING ADDRESS	1		Country Code			Required if country is NOT US		
107	NM101	R	2	3	ID	R	1	2100F	CUSTODIAL PARENT	1		Entity Identifer Code		S3	Custodial Parent		Used as Confidental Address.
108	NM102	R	1	1	ID	R	1	2100F	CUSTODIAL PARENT	1		Entity Type Qualifier		1	1=person		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**834 Enrollment - 4010X095A1 HIPAA Implementation Guide**															**TennCare Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
109	N301	R	1	55	AN	S	1	2100F	CUSTODIAL PARENT	1		Address Information	Custodial Parent Address Line 1		Segment CUSTODIAL PARENT STREET ADDRESS		This is the Confidential Address that MCC's may use. For Inbound usage only, TennCare will not edit, just store.
110	N302	S	1	55	AN	S	1	2100F	CUSTODIAL PARENT	1		Address Information	Custodial Parent Address Line 2				
111	N401	R	2	30	AN	S	1	2100F	CUSTODIAL PARENT	1		City Name	Custodial Parent City Name		Segment CUSTODIAL PARENT CITY, STATE, ZIP		
112	N402	R	2	2	ID	S	1	2100F	CUSTODIAL PARENT	1		State or Province Code	Custodial Parent State Code		Required when city is in US or Canada.		
113	N403	R	3	15	ID	S	1	2100F	CUSTODIAL PARENT	1		Postal Code	Custodial Parent Postal Zone or ZIP code				
114	N404	S	2	3	ID	S	1	2100F	CUSTODIAL PARENT	1		Country Code			Required if country is NOT US		
115	NM101	R	2	3	ID	S	1	2100G	RESPONSIBLE PERSON	1		Entity Identifer Code		E1, EI, EXS, GD, J6, QD	SEGMENT RESPONSIBLE PERSON NAME	QD	Outbound usage only.
116	NM102	R	1	1	ID	S	1	2100G	RESPONSIBLE PERSON	1		Entity Type Qualifier		1			
117	NM103	R	1	35	AN	S	1	2100G	RESPONSIBLE PERSON	1		Name Last or Organization Name	Responsible Party Last or Organization Name				
118	NM104	R	1	25	AN	S	1	2100G	RESPONSIBLE PERSON	1		Name First	Responsible Party First Name				
119	NM105	S	1	25	AN	S	1	2100G	RESPONSIBLE PERSON	1		Name Middle	Responsible Party First Name				
120	N301	R	1	55	AN	S	1	2100G	RESPONSIBLE PERSON	1		Address Information	Responsible Party Address Line 1		Segment RESPONSIBLE PERSON STREET ADDRESS		This is the Billing Address.
121	N302	S	1	55	AN	S	1	2100G	RESPONSIBLE PERSON	1		Address Information	Responsible Party Address Line 2				
122	N401	R	2	30	AN	S	1	2100G	RESPONSIBLE PERSON	1		City Name	Responsible Party City Name		Segment RESPONSIBLE PERSON CITY, STATE, ZIP		
123	N402	R	2	2	ID	S	1	2100G	RESPONSIBLE PERSON	1		State or Province Code	Responsible Party State Code		Required when city is in US or Canada.		
124	N403	R	3	15	ID	S	1	2100G	RESPONSIBLE PERSON	1		Postal Code	Responsible Party Postal Zone or ZIP code				
125	N404	S	2	3	ID	S	1	2100G	RESPONSIBLE PERSON	1		Country Code			Required if country is NOT US		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	834 Enrollment - 4010X095A1 HIPAA Implementation Guide															TennCare Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
126	HD01	R	3	3	ID	S	1	2300	HEALTH COVERAGE	99		Maintenance Type Code		001, 002, 021, 024, 025, 026, 030, 032	Send this segment is required when enrolling a new member or when adding, updating, or removing coverage from an existing member. 001 - Change 002 - Delete-use for deleting incorrect coverage record 021 - Addition 024 - Cancellation/Termination 025 - Reinstatement 026 - Correction-correct an incorrect record 030 - Audit or compare 032 - Employee information not applicable	001 024	Outbound: One 2300 occurrence for each eligibility segment. 001 - for daily changes 024 - for all closed segments Inbound Note: No 2300 Health Coverage loop info is expected.
127	HD03	R	2	3	ID	S	1	2300	HEALTH COVERAGE	99		Insurance Line Code		AG, AH, AJ, AK, DCP, DEN, EPO, FAC, HE, HLT, HMO, LTC, LTD, MM, MOD, PDG, POS, PPO, PRA, STD, UR, VIS	AJ: Medicare Risk AK: Mmental Health DCP: Dental Capitation (dental managed care) DEN: Dental HMO: Health Maintaince organization PRA: Practitioners HLT Health including both hospital and professional coverage LTC Long-term Disability PDG: Prescription Drug See HIPAA Guide for meanings of other values.	AK AJ HLT LTC	AJ for Medicare A or Medicare B. AK for Mental Health (BHO). HLT for Medical coverage (MCO, PBM, DBM). LTC for long term care.
128	HD04	S	1	50	AN	S	1	2300	HEALTH COVERAGE	99		Plan Coverage Description			The insurer establishes the content of this element in the contract.		See 834 Enrollment 2300 Segment document for additional details. For AJ - "Medicare Part A" or "Medicare Part B" For LTC - LTC provider ID For HLT & AK - 12 values separated by pipe "|" -- MCO|BHO|State Prg Code|2 spaces|Region|H-o-H SSN|SP-ID|Ded Ind|Coin Pct|Bene Ind|Elig Seq|Assessment Code
129	HD05	S	3	3	ID	S	1	2300	HEALTH COVERAGE	99		Coverage Level Code		CHD, DEP, E1D, E2D, E3D, E5D, E6D, E7D, E8D, E9D, ECH, EMP, ESP, FAM, IND, SPC, SPO, TWO	IND - Individual. See HIPAA Guide for meanings of values.	IND	If HD04 is present, HD05 is IND.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1									834 Enrollment - 4010X095A1 HIPAA Implementation Guide							TennCare Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
130	DTP01	R	3	3	ID	R	4	2300	HEALTH COVERAGE	99		Date/Time Qualifer	Date Time Qualifer	303, 348, 349, 543	Segment HEALTH COVERAGE DATES This segment contains the date that maintenance was performed or effective and the benefit begin and end dates for the coverage or line of business. 348 - benefits begin -- effective date of coverage) should always be sent when adding coverage, 349 - benefits end-- end date of coverage) should always be sent when removing coverage from a member, but should not be used when a member is terminating ALL eligible coverage, 303 - a maintenance effective date -- use only when member's coverage is NOT being added or removed, 543 - last premium paid date.	303, 348, 349	303 - HD03=AJ then Buy-in date or HD03=AK then Last Assessment Date. 348 - Coverage Begin Date 349 - Coverage End Date 349 is only present on segments with an end date - HD01=024.
131	DTP02	R	2	3	ID	R	4	2300	HEALTH COVERAGE	99		Date Time Period Format Qualifer		D8	indicates CCYYMMDD format		
132	DTP03	R	1	35	AN	R	4	2300	HEALTH COVERAGE	99		Date Time Period	Coverage Period	CCYYMMDD			When 348 - pcp_month_coverage_start is mapped When 349 - pcp_month_coverage_end is mapped

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**834 Enrollment - 4010X095A1 HIPAA Implementation Guide**															**TennCare Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
133	AMT01	R	1	3	ID	S	4	2300	HEALTH COVERAGE	99		Amount Qualifer Code		B9, C1, D2, P3	Segment HEALTH COVERAGE POLICY MONETARY AMOUNT This segment data should only be transmitted when required by the contract between the sponsor and payer. B9: Co-Insurance. C1: Co-Payment Amount. D2: Deductible Amount. P3: Premium Amount.	C1 D2	This loop may be sent twice. Once with the enrollee's co-pay information, in which case this field will be automatically populated with value "C1". Once with the enrollee's deductible information, in which case this field will be automatically populated with value "D2".
134	AMT02	R	1	10	R	S	4	2300	HEALTH COVERAGE	99		Monetary Amount	Contract Amount				
135	REF01	R	2	3	ID	S	2	2300	HEALTH COVERAGE	99		Reference Identification Qualifier		17, 1L, ZZ	Segment HEALTH COVERAGE POLICY NUMBER REFERENCE IDENTIFICATION The semgent should be used to identify a policy or group number for a particular insurance product if it has not already been identified. (This is necessary when not all coverage types have the same group or policy number.)	1L	Required per IG REF01 = 1L at loop 2000.
136	REF02	R	1	30	AN	S	2	2300	HEALTH COVERAGE	99		Reference Identification	Insured Group or Policy Number				Same as HD04 sub-field 6 when HD03 is "HLT" or "AK"
137	LX01	R	1	6	N0	S	1	2310	PROVIDER INFORMATION	30		Assigned Number		Use the same sequential number for a given insured person within his LX loops.	Segment PROVIDER INFORMATION ASSIGNED NUMBER This loop (2310) provides information about primary care or capitated physicans and pharmacies chosen by the enrollee in a managed care plan when that selection is made through the sponsor. Use one iteration of the loop to identify each applicable health car service provider. The primary care provider effective date is defaulted to the effective date of the product identified in the DTP segment of the 2300 loop. When an enrollee switches from one primary care provider to another through the sponsor, the new provider should be listed with the effective date of change.	1	Outbound Note for TennCare: it increments, from translator info, if PCP is not blank. Inbound: PCP assigned by MCO.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1									**834 Enrollment - 4010X095A1 HIPAA Implementation Guide**							**TennCare Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
138	NM101	R	2	3	ID	R	1	2310	PROVIDER INFORMATION	30		Entity Identifer Code		3D, OD, P3, QA, QN, Y2	Segment PROVIDER NAME 3D - obstetrics/gynecology, OD - doctor of optometry, P3 - primary care provider, QA - pharmacy, QN - dentist, Y2 - managed care organization.	P3	Outbound: If PCP is blank, then do not send; otherwise, autoplug P3 (PCP). Inbound: This information is requested from MCOs.
139	NM102	R	1	1	ID	R	1	2310	PROVIDER INFORMATION	30		Entity Type Qualifier		1,2		1	Translation map auto plugs value if PCP is not blank.
140	NM103	S	1	35	AN	R	1	2310	PROVIDER INFORMATION	30		Name Last or Organization Name	Provider Last or Organization Name		Only use if sponsor can not provide standard ID number		
141	NM104	S	1	25	AN	R	1	2310	PROVIDER INFORMATION	30		Name First	Provider First Name		Only use if sponsor can not provide standard ID number		
142	NM105	S	1	25	AN	R	1	2310	PROVIDER INFORMATION	30		Name Middle	Provider Middle Name		Only use if sponsor can not provide standard ID number		
143	NM106	S	1	10	AN	R	1	2310	PROVIDER INFORMATION	30		Name Prefix	Provider Name Prefix		Only use if sponsor can not provide standard ID number		
144	NM107	S	1	10	AN	R	1	2310	PROVIDER INFORMATION	30		Name Suffix	Provider Name Suffix		Only use if sponsor can not provide standard ID number		
145	NM108	S	1	2	ID	R	1	2310	PROVIDER INFORMATION	30		Identification Code Qualifier		34, FI, SV, XX	Note SV value was added to HIPAA Guide Oct 2001. 34(SSN), FI(Federal taxpayer's id number), SV(service provider number), XX(HCFA National Provider Identifier).	34, FI, SV	Preferred value is 34. SV may be used with Medicaid ID.
146	NM109	S	2	80	AN	R	1	2310	PROVIDER INFORMATION	30		Identification Code	Provider Identifier		Required when available to the sponsor and transmission is NOT prohibited by local, state, and Federal law.		
147	NM110	R	2	2	ID	R	1	2310	PROVIDER INFORMATION	30		Entity Relationship Code		25, 26, 72	This element indicates whether the member is an existing patient of the provider. 25 - established patient, 26 - not established patient, 72 - unknown.		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1									**834 Enrollment - 4010X095A1 HIPAA Implementation Guide**							**TennCare Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
148	COB01	R	1	1	ID	S	1	2320	COORDINATION OF BENEFITS	5		Payer Responsibility Sequence Number Code		P S T U	Segment COORDINATION OF BENEFITS Use this loop 2320 when an individual has another insurance plan with similar covered benefits. Always provide this information when provided by the sponsor. Provide the COB information by individual, not subscriber. Send this data when required by the contract between the sponsor and the payer. P: primary S: secondary T: tertiary U: unknown		2320 loop is only used on inbound transactions. Since the loop is limited to 5 repeats TennCare provides COB info on the monthly TPL /Carrier Master files.
149	COB02	S	1	30	AN	S	1	2320	COORDINATION OF BENEFITS	5		Reference Identification	Insured Group or Policy Number		Always supply the policy number when available.		
150	COB03	R	1	1	ID	S	1	2320	COORDINATION OF BENEFITS	5		Coordination of Benefits Code		1, 5, 6	1 - Coordination of Benefits 5 - Unknown 6 - It was determined there was no COB		
151	REF01	R	2	3	ID	S	5	2320	COORDINATION OF BENEFITS	5		Reference Identification Qualifier		60, 6P, A6, SY, ZZ	Segment ADDITIONAL COORDINATION OF BENEFITS IDENTIFIERS This segment should be sent if supplied by the subscriber. Use the social security number or employee id number until the national ID number for individuals is available. 60 - account suffix code 6P - group number A6 - employee id number SY - social security number ZZ - mutually defined		
152	REF02	R	1	30	AN	S	5	2320	COORDINATION OF BENEFITS	5		Reference Identification	Insured Group or Policy Number				
153	N101	R	2	3	ID	S	1	2320	COORDINATION OF BENEFITS	5		Entity Identifier Code		IN	Segment OTHER INSURANCE COMPANY NAME Use this segment to send the name of the insurance company when provided to the sponsor. IN = insurer.		
154	N102	S	1	60	AN	S	1	2320	COORDINATION OF BENEFITS	5		Name	Insurer Name		Send the insurance company name if N104 is not available.		
155	N103	S	1	2	ID	S	1	2320	COORDINATION OF BENEFITS	5		Identification Code Qualifier		FI, NI, XV	FI(federal taxpayer id number), NI(NAIC identification), XV(HCFA National Plan ID)		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1									**834 Enrollment - 4010X095A1 HIPAA Implementation Guide**							**TennCare Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
156	N104	S	2	80	AN	S	1	2320	COORDINATION OF BENEFITS	5		Identification Code	Insured Group or Policy Number		Until the National Payer ID is available, use the Federal tax id.		
157	DTP01	R	3	3	ID	S	1	2320	COORDINATION OF BENEFITS	5		Date Time Qualifier		344,345	Segment COORDINATION OF BENEFITS ELIGIBILITY DATES The dates for which the COB is in effect. Send the eligibility date when provided to the sponsor. 344 - COB begin, 345 - COB end.		
158	DTP02	R	2	3	ID	S	1	2320	COORDINATION OF BENEFITS	5		Date Time Period Format Qualifier		D8	indicates CCYYMMDD format		
159	DTP03	R	1	35	AN	S	1	2320	COORDINATION OF BENEFITS	5		Date Time Period	Coordination of Benefits Date	CCYYMMDD			
160	SE01	R	1	10	N0	R	1		TRANSACTION SET TRAILER			Number of included segments	Transaction segment count				counted by translation map.
161	SE02	R	4	9	AN	R	1		TRANSACTION SET TRAILER			Transaction set control number			Must be identical to value in ST02.		auto plugged by translation map
162	GE01	R	1	6	N0	R		1	FUNCTIONAL GROUP TRAILER			Number of Transaction Sets Included					System generated data.
163	GE02	R	1	9	N0	R		1	FUNCTIONAL GROUP TRAILER			Group Control Number		GS06			Same as GS06
164	IEA01	R	1	5	N0	R		1	INTERCHANGE CONTROL TRAILER			Number of Included Functional Groups					System generated data.
165	IEA02	R	9	9	N0	R		1	INTERCHANGE CONTROL TRAILER			Interchange Control Number		ISA13			Same as ISA13